

Diagnosis and Procedural Coding for Podiatry

**Audio Seminar
March 18, 2004**

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Faculty

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She has over 20 years experience in the HIM field, having conducted coding reviews, chargemaster maintenance and development, and presented seminars in outpatient, inpatient, and physician documentation and coding. In addition to AHIMA, Susan is actively involved as a volunteer in the HIM profession.

She received a Bachelor of Arts degree and a Master of Public Health in Health Services and Hospital Administration from the University of California, Los Angeles.

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Objectives

- ♦ Review common foot problems and appropriate ICD-9-CM diagnosis coding
- ♦ Review current clinical trends in treatment of various foot conditions
- ♦ Gain an understanding of appropriate CPT coding of procedures

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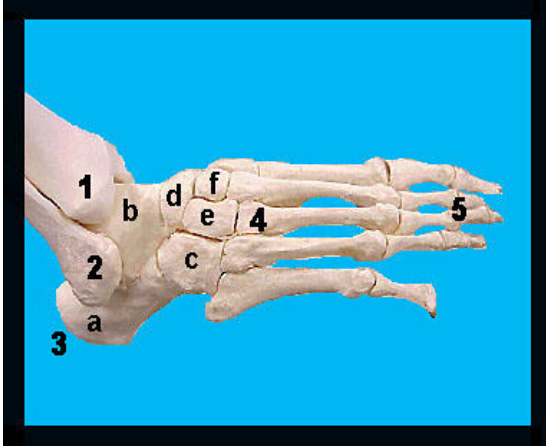
Outline

- ♦ Anatomy of the foot
- ♦ Common foot conditions and their treatments, coding in ICD-9-CM and CPT
 - Diabetic foot ulcers
 - Hammertoes
 - Bunions
 - Neuromas
 - Arthritis
 - Plantar warts
 - Plantar fasciitis



2

Bones of the Foot



1. Tibia
2. Fibula
3. Tarsals
 - a. Calcaneus
 - b. Talus
 - c. Cuboid
 - d. Navicular
 - e. Lateral cuneiform
 - f. Intermediate cuneiform
4. Metatarsals
5. Phalanges

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Bones of the foot

- ♦ Seven tarsal bones
 - Calcaneus, talus, navicular, medial cuneiform, intermediate cuneiform, lateral cuneiform, cuboid
- ♦ Five metatarsal bones
- ♦ Five proximal phalanges
- ♦ Four middle phalanges (big toe has only two phalanges)
- ♦ Five distal phalanges
- ♦ 26 bones in all, one-quarter of the total number of bones in the human body

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Regions of the foot

- ♦ Forefoot – the five metatarsals and all the phalanges
- ♦ Midfoot – the navicular, cuboid and the three cuneiforms
- ♦ Rearfoot (hindfoot) – the talus and calcaneus

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Joints of the foot

- ♦ More than 30 joints in all
- ♦ In the hindfoot – subtalar or talocalcaneal joint, talonavicular joint, and the calcaneocuboid joint
- ♦ In the midfoot – the metatarsocuneiform joint
- ♦ Metatarsophalangeal joints
- ♦ Proximal interphalangeal joints
- ♦ Distal interphalangeal joints

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Articulations of the foot

- ♦ The tibia articulates with the dome of the talus.
- ♦ The talus articulates with the calcaneus, the main weight-bearing (and the largest) bone of the foot by way of the subtalar joint.
- ♦ The talonavicular and calcaneocuboid joints together form the midtarsal joint ("Chopart's joint").
- ♦ The fourth and fifth metatarsals articulate with the cuboid bone.
- ♦ The first, second and third metatarsals articulate with each of their respective cuneiform bones.

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Muscles, tendons, fascia of the foot

- ♦ Over 100 soft tissue structures



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Diseases of the foot and their treatment

- ♦ **Diabetic foot ulcers**
- ♦ **Hammertoes**
- ♦ **Bunions**
- ♦ **Neuromas**
- ♦ **Arthritis**
- ♦ **Plantar warts**
- ♦ **Plantar fasciitis**

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Diabetic foot ulcers

- ♦ **Diabetic foot ulcers are the most common cause of nontraumatic lower extremity amputations in the industrialized world.**
- ♦ **Foot disorders such as ulceration, infection, and gangrene are the leading causes of hospitalization in patients with diabetes mellitus.**
- ♦ **Diabetic foot ulcers affect approximately 15% of those with diabetes at some time in their life.**

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Key elements in the treatment of diabetic foot ulcers

- ♦ Prevention of infection
- ♦ Taking the pressure off the area - "off- loading"
- ♦ Removing dead skin and tissue - "debridement"
- ♦ Applying medication or dressings to the ulcer
- ♦ Managing blood glucose and other health problems

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Individuals at high risk for developing diabetic foot ulcers

- ♦ Those with diabetic neuropathy,
- ♦ with poor circulation,
- ♦ with a foot deformity (e.g. bunion, hammertoe),
- ♦ who wear inappropriate shoes or do not keep shoes clean and dry, and/or
- ♦ who have uncontrolled blood sugar

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Additional factors in development of diabetic foot ulcers

- ♦ Smoking
- ♦ Drinking alcohol
- ♦ Elevated cholesterol
- ♦ Elevated blood glucose
- ♦ Poor personal hygiene
- ♦ Unfavorable social situations, e.g. homelessness



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Coding of diabetic foot ulcers

- ♦ Underlying disease coded first, 250.xx
- ♦ Ulcers may be on the basis of diabetic neuropathy (neuropathic), diabetic peripheral vascular disease (microvascular ischemic), or both (neuroischemic)
- ♦ ICD-9-CM directs to fourth digit of .8 (diabetes with other specified manifestation)
- ♦ Fifth digit of ulcer code (707.1x) allows great specificity for location of ulceration

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Polling Question #1

A 57-year-old indigent diabetic male who lives on the streets and is known to be chronically noncompliant with medications comes to the outpatient DM Clinic with a stage IV ulcer of the left heel. Following evaluation a diagnosis of diabetic ulcer with possible calcaneal osteomyelitis is made and the patient is referred to the Wound Management Center for definitive treatment. Assign the appropriate ICD-9-CM codes.

1. 250.80, 707.0, V15.81
2. 250.80, 707.14, V15.81, V60.0
3. 250.60, 707.14, V60.0
4. 250.80, 707.14, 731.8, 730.27



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Wagner's classifications of foot ulcers

- ♦ Grade 0 - Pre-ulcerative lesion, healed ulcers, presence of bony deformity
- ♦ Grade 1 - Superficial ulcer without subcutaneous tissue involvement
- ♦ Grade 2 - Penetration through the subcutaneous tissue (may expose bone, tendon, ligament or joint capsule)
- ♦ Grade 3 - Osteitis, abscess, or osteomyelitis
- ♦ Grade 4 - Gangrene of the forefoot
- ♦ Grade 5 - Gangrene of the entire foot
- ♦ No way to express all this in ICD-9-CM

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Coding of diabetic foot ulcers in ICD-10-CM

- ♦ **First code for the diabetes, e.g. E14.621 Unspecified diabetes mellitus with foot ulcer**
- ♦ **Additional code to describe the size and location of the ulcer, e.g. L97.424 Non-decubitus chronic ulcer of the left heel and midfoot with necrosis of bone**

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Procedures to treat diabetic foot ulcers

- ♦ **Debridement**
- ♦ **Debridement with skin grafting**
 - **Skin**
 - **Apligraf® and Dermagraft®**
- ♦ **Serial Unna boot application**
- ♦ **Larvae and leeches**
- ♦ **Combination therapy**

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Procedures to treat diabetic foot ulcers

- ♦ **Debridement**
 - **Surgical (11040-11044) – must know depth of debridement**
 - Report for each site debrided
 - Do not report only the deepest debridement
 - Use modifier –59 on lesser code
 - **Active wound management – sharp debridement by water jet, scissors, scalpel, etc. (97601) – do not need to know the depth of debridement, only the method**
 - **Do not report 97601 with a code in the 11040-11044 code range**

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Procedures to treat diabetic foot ulcers

- ♦ **Nonselective debridement such as enzymes, wet to dry dressings – 97602**
- ♦ **Enzymatic treatment not generally considered efficacious**
- ♦ **Regranex®**
 - **Considered a self-administrable drug by Medicare and not a covered benefit**
 - **A form of human growth hormone**

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Procedures to treat diabetic foot ulcers

- ♦ **Skin grafting**
 - 15000 - site preparation up to 100 sq cm
 - Skin grafts by size and type
 - 15120-15121 – split thickness, first 100 sq cm and each additional 100 sq cm
 - 15200-15201 – full thickness, first 20 sq cm and each additional 20 sq cm

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Procedures to treat diabetic foot ulcers

- ♦ **Skin grafting**
 - Bilaminate skin substitute (Apligraf®) /neodermis (Dermagraft®)
 - Cellular, bi-layered skin substitute produced from bovine collagen and cells derived from human infant foreskins
 - 15342 – first 25 sq cm
 - 15343 – each additional 25 sq cm
 - LMRPs exist for use of Apligraf® and Dermagraft®
 - HCPCS Level II code for Dermagraft® (J7340, J7342 and J7350)
 - HCPCS Level II code for Apligraf® (C1305)

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Dermagraft®

- ♦ A cryopreserved human fibroblast-derived dermal substitute
- ♦ Indicated for use in the treatment of full-thickness diabetic foot ulcers greater than six weeks duration, which extend through the dermis, but without tendon, muscle, joint capsule, or bone exposure
- ♦ Contraindicated for use in ulcers that have signs of clinical infection or in ulcers with sinus tracts

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Apligraf®

- ♦ A living, bi-layered skin substitute, consisting of living cells and structural proteins.
 - Lower dermal layer - bovine type 1 collagen and human fibroblasts
 - Upper epidermal layer - human keratinocytes
- ♦ Indicated for use with conventional diabetic foot ulcer care for the treatment of full-thickness neuropathic diabetic foot ulcers of greater than three weeks duration which extend through the dermis but without tendon, muscle, capsule or bone exposure.

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Polling Question #2

A 34-year-old juvenile-onset diabetic with a chronic nonhealing ulcer of the left ankle presented to the wound center for skin grafting. In the operating room, the ulcer was debrided to healthy-appearing, bleeding skin and an 6 cm x 5 cm piece of Apligraf® was applied in the usual manner. Assign the appropriate ICD-9-CM and CPT codes.

1. 250.81, 707.13, 15000, 15342, 15343
2. 250.80, 707.13, 15343
3. 250.81, 707.0, 15000, 15342
4. 250.81, 707.15, 15000, 15342, 15343



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Unna boot

- ♦ Gauze impregnated with non-hardening zinc oxide paste and may contain gelatin as well, applied as a compression dressing
- ♦ CPT code 29580 for application, 29700 for removal (per CPT guidelines, use only if the boot was applied by another physician)
- ♦ Check LMRPs for coverage policies

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“Biosurgery” - Mother Nature’s Way – larvae and leeches

- ♦ “Biotherapeutics” used in combination with surgery
- ♦ Actions
 - Debridement via liquefaction of necrotic tissue
 - Elimination of infection
 - Hastened wound healing
 - Covered by Medicare only for management of vascularly compromised flaps, reattached limbs, and poor venous drainage (<http://www.aetna.com/cpb/data/CPBA0556.html>)

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Hammertoe

- ♦ Contracture of the toe at the proximal interphalangeal joint
- ♦ Usually affects the second through fifth toes
- ♦ More common in females than males
- ♦ May be flexible or rigid
- ♦ The most common deformity of the lesser toes

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Mallet toe

- ♦ Contracture of the toe at the distal interphalangeal joint
- ♦ Usually involves the second toe
- ♦ More common in females than males
- ♦ May be associated with long standing, an athletic life-style, or arthritis

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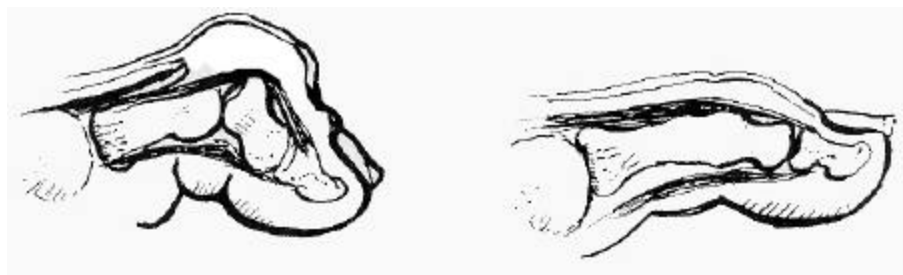
Claw toe

- ♦ Abnormal positions of all three joints of the toe
- ♦ Hyperextended proximal phalanx, flexed middle and distal phalanges

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Coding of hammertoes

- ♦ Acquired 735.4
- ♦ Congenital 755.66
- ♦ Late effect of rickets 268.1



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Coding of mallet toe

- ♦ 735.8 Other acquired deformities of toes



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Coding of claw toe

- ♦ Acquired 735.5
- ♦ Congenital 754.71
 - Talipes cavus
 - Claw foot



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Coding of hammertoes and mallet toes in ICD-10-CM

- | | |
|---|--|
| <ul style="list-style-type: none"> ♦ Hammertoe <ul style="list-style-type: none"> • Acquired M20.4- <ul style="list-style-type: none"> • 0 unspecified foot • 1 right foot • 2 left foot • Congenital Q66.8 • Late effect of rickets E64.3 | <ul style="list-style-type: none"> ♦ Mallet toe <ul style="list-style-type: none"> ♦ M20.5x Other deformities of toe(s) (acquired) <ul style="list-style-type: none"> • M20.5x1 right foot • M20.5x2 left foot • M20.5x9 unspecified foot |
|---|--|

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Procedures to treat hammertoes

- ♦ Correction hammertoe (eg, interphalangeal fusion, partial or total phalangectomy) – may include resection of the proximal phalanx or PIP joint – 28285
- ♦ Percutaneous tenotomy for flexible hammertoes
- ♦ Extensor tenotomy (28234)
- ♦ Osteotomy, angular or rotational correction; other phalanges, any toe – 28312. Indicated if there is a rotational deformity component to the hammertoe

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Procedures to treat hammertoes

- ♦ Girdlestone-Taylor flexor-to-extensor tendon transfer
 - Fixed deformity requires either proximal resection arthroplasty or partial proximal phalangectomy.
 - Both flexible and fixed deformities also may require MTP arthroplasty and/or extensor tenotomy to achieve adequate correction.

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Procedures to treat mallet toes and claw toes

- ♦ Arthroplasty or partial bone/joint removal
- ♦ Joint fusions in the toe
- ♦ Flexor tenotomy or lengthening
- ♦ Amputation of the tip of the toe

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Bunion

- ♦ An enlargement of the joint at the base of the big toe-the metatarsophalangeal (MTP) joint
- ♦ Tend to be familial on the basis of inherited foot type, although bunions themselves are not hereditary
- ♦ Usually due to faulty foot development and poor motion control (bad walking habits, poorly fitting shoes)
- ♦ May be due to foot injury, neuromuscular injury or may be congenital.

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“Hallux valgus” vs “hallux abductovalgus” vs “bunion”

- ♦ Hallux valgus - deviation of the great toe toward the fibular border of the foot (away from the midline of the body, toward the midline of the foot)
- ♦ Hallux abductovalgus = hallux valgus
- ♦ Bunion - the prominent medial portion of the first metatarsal head and especially to the bursa or a bursa plus osteophyte over it

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Coding of bunions/hallux valgus

- ♦ Hallux valgus
 - (Acquired) 735.0 – the default code (acquired deformities of toes)
 - Congenital 755.66 (other anomalies of toes)
- ♦ Bunion (“bunionette” when it involves the fifth toe)
 - 727.1 (other disorders of synovium, tendon, and bursa)

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Coding of bunions in ICD-10-CM

- ♦ **Hallux valgus (acquired)**
 - M20.10 unspecified foot
 - M20.11 right foot
 - M20.12 left foot
- ♦ **Congenital – Q66.8**
- ♦ **Bunion – See deformity of toe, hallux valgus**

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Bunion and bunionette

- ♦ **Bunion**
- ♦ **Bunion and bunionette**



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Procedures to treat bunions – Decision tree for coding in CPT

- ♦ **Was the only procedure removal of the median eminence?**
 - **No.** If additional procedures were performed, go on to the next question.
 - **Yes.** Code 28290 is the appropriate code. This is referred to as a Silver bunionectomy.

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Procedures to treat bunions – Decision tree for coding in CPT

- ♦ **Was an osteotomy (resection of a wedge-shaped piece of bone that allows the bone to collapse back on itself and realign the joint) performed?**
 - **No.**
 - **Was the base of the proximal phalanx or the head of the first metatarsal head excised?** If so, code 28292 is the appropriate code. This is called a Keller, Mayo, or McBride bunionectomy.
 - **Was the entire joint excised and replaced with a silastic implant?** If so, 28293 is the appropriate code. This is also known as a Keller-Mayo with implant.

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Procedures to treat bunions – Decision tree for coding in CPT

- ♦ **Was an osteotomy performed?**
 - **Yes.**
 - **Where was the osteotomy?**
 - **Metatarsal head or neck? Code 28296 is the appropriate code. This is called a Mitchell, Austin, chevron, or concentric osteotomy or bunionectomy.**
 - **Proximal phalanx? Code 28298 is the appropriate code.**
 - **Both the phalanx and the metatarsal? Code 28299 is appropriate.**

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Procedures to treat bunions – Decision tree for coding in CPT

- ♦ **Was another procedure performed along with the metatarsal or phalanx osteotomy?**
 - **No. Assign the code as indicated.**
 - **Yes. Do not assign two bunionectomy codes for one toe. If any combination of bunionectomy procedures was performed, code 28299 is appropriate.**

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Polling Question #3

A patient was seen in the ASC for repair of a bunion of the left foot. She underwent an osteotomy of the proximal phalanx of the great toe and rongeuring of the median eminence. Assign the appropriate CPT procedure code.

1. 28292
2. 28298
3. 28298, 28290
4. 28296



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Coding of bunion surgery in ICD-10-PCS

Bunion surgery involving chevron osteotomy of the metatarsal head – 0QBP0ZZ

First digit – Section - 0 (Medical-Surgical)

Second digit – Body system – Q (Lower Bones)

Third digit – Root operation – B (Excision)

Fourth digit – Body part – P (Metatarsal, left)

Fifth digit – Approach – 0 (Open)

Sixth digit – Device – Z (None)

Seventh digit – Qualifier – Z (None – alternative is X – Diagnostic)

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Neuroma

- ♦ A type of nerve compression syndrome which involves the common digital nerves of the lesser toes (usually between the third and fourth toes)
- ♦ Much more common in females than males
- ♦ Pain relieved by stopping, rubbing the area
- ♦ May be due to biomechanical foot deformity (high arches or flat feet), poorly fitting shoes, and/or repeated stress
- ♦ Not really an “oma”, but a perineural fibrosis

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Neuroma

- ♦ 355.6 Lesion of plantar nerve
 - Morton's neuroma
 - Digital neuroma
 - Neuroma of toe
 - Plantar neuroma



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Coding neuroma in ICD-10-CM

- ♦ **Morton's, plantar, or digital (toe) neuroma – Lesion of plantar nerve**
 - **G57.60 unspecified foot**
 - **G57.61 right foot**
 - **G57.62 left foot**

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Procedures to treat neuromas

- ♦ **Anesthetic and steroid injection – 64450 (common digital nerve at the third intermetatarsal space)**
- ♦ **Excision, interdigital (Morton) neuroma, single, each – 28080**
- ♦ **Chemoablation – 64640**
- ♦ **Cryoablation also being tried**

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Arthritis of the feet and toes

- ♦ Rheumatoid arthritis – 714.0
- ♦ Juvenile rheumatoid arthritis –
 - 714.30 – (chronic)(polyarticular)
 - 714.31 – acute
 - 714.32 – pauciarticular
 - 714.33 – monoarticular

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Arthritis of the feet and toes

- ♦ Osteoarthritis – 715.xx
 - Fifth digit .x8 other specified sites for toes
 - 715.0x Osteoarthritis, generalized
 - 715.1x Osteoarthritis, localized, primary
 - 715.2x Osteoarthritis, localized, secondary
 - 715.3x Osteoarthritis, localized, not specified whether primary or secondary
 - 715.8x Osteoarthritis involving, or with mention of more than one site, but not specified as generalized
 - 715.9x Osteoarthritis, unspecified whether generalized or localized

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Arthritis of the feet and toes

- ♦ **Psoriatic arthritis**
 - 696.0
 - Often involves the interphalangeal joints of the toes (and fingers)
- ♦ **"Arthritis"**
 - Codes as "Arthropathy, unspecified"
 - 716.98 for toes
 - 716.97 for foot
 - Does not equate to osteoarthritis

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Procedures to treat arthritis of the toes

- ♦ **Joint fusion**
 - **Great toe**
 - Metatarsophalangeal joint 28750
 - Interphalangeal joint 28755
 - With extensor hallucis longus transfer (Jones procedure) 28760
 - **Other toes**
 - 28285
 - Same code as correction of hammertoe

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Procedures to treat arthritis of the toes

- ♦ **Joint replacement**
 - Great toe
 - Also known as hallux rigidus
 - Replacement of the first metatarsophalangeal joint
 - 28293 Resection of joint with implant

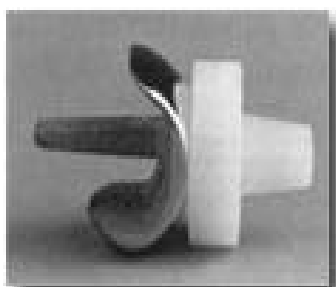
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Procedures to treat arthritis of the toes

One-piece joint replacement



The Biomet total toe



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Plantar warts

- ♦ Occur on the sole of the foot (the “plantar” surface)
- ♦ Caused by a virus, which generally invades the skin through small or invisible cuts and abrasions
- ♦ Hard and flat, with a rough surface and well-defined boundaries
- ♦ More common in children and teenagers than adults
- ♦ All coded as 078.19 (other specified viral warts)

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Procedures to treat plantar warts

- ♦ 17000 – Destruction (eg. Laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions other than skin tags or cutaneous vascular proliferative lesions; first lesion
- ♦ 17003 second through 14 lesions
- ♦ Do not use 17110, which is for flat warts or molluscum contagiosum

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Procedures to treat plantar warts

- ♦ CO2 laser cautery - the treatment of choice
- ♦ Cryotherapy – with sodium nitride. May kill the virus, but is sometimes ineffective as the cold may not penetrate far enough to kill the virus completely.
- ♦ Debridement - the procedure of choice for numerous small warts in a limited area.
- ♦ Acid – topical application disintegrates the viral cells, but requires multiple applications over the course of several weeks

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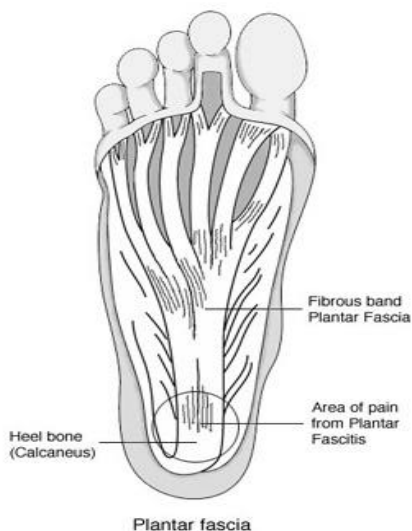
Plantar fasciitis

- ♦ Inflammation of the broad ligament-like structure that extends from the heel bone to the base of the toes
- ♦ Characterized by pain in the heel, especially upon arising in the morning
- ♦ More common in runners, those who stand long hours, and pregnant women or others who have gained a lot of weight
- ♦ Very high arches or flat feet predispose to its development

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Plantar fasciitis

- ♦ Coded as 728.71, other fibromatoses in ICD-9-CM
- ♦ In ICD-10-CM
 - Plantar fascial fibromatosis
 - M72.2
 - No designation of laterality



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Procedures to treat plantar fasciitis

- ♦ Extracorporeal shock wave therapy; involving plantar fascia – 0020T
 - Noninvasive
 - Outpatient procedure under sedation or local anesthesia
 - 1500 shocks administered to the insertion of the plantar fascia by the OssaTron® device
 - Indicated in patients who have failed two forms of conservative treatment

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Procedures to treat plantar fasciitis – The OssaTron®



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Procedures to treat plantar fasciitis

- ♦ Steroid injection - 20550
- ♦ Plantar fasciotomy
 - Open – 28008
 - Endoscopic – 29893
 - Radiofrequency lesioning – considered experimental, although it has been around for some time
- ♦ Division of plantar fascia and muscle (Steindler stripping) – 28250
- ♦ Plantar fasciectomy
 - Open – 28060
 - Radical – 28062

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References/Resources

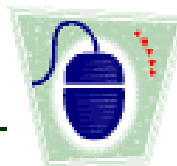
"Coding for the Treatment of Bunion Deformities", *CPT Assistant*, December 1996, page 5-7

CPT 2004 Professional Edition

"Coders Can Benefit from Bare Bones Podiatry Lesson", *JAHIMA*, June 2003, L. Jones

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References/Resources



Handy web sites

- ♦ <http://www.greattoe.com>
- ♦ <http://www.apma.org/> (American Podiatric Medical Association)
- ♦ <http://www.aaos.org/> (American Academy of Orthopaedic Surgeons)
- ♦ <http://www.acfas.org/> (American College of Foot and Ankle Surgeons)
- ♦ <http://orthoinfo.aaos.org/> (Patient information provided by AAOS)

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References/Resources

More handy web sites

- ♦ <http://www.foot.com/>
- ♦ <http://www.medicaledu.com/> (The Wound Care Education Institute)
- ♦ <http://www.foottalk.com/>
- ♦ <http://www.cms.hhs.gov/mcd>
- ♦ <http://heelspurs.com>
- ♦ <http://www.arthroscopy.com/>

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References/Resources

- ♦ To download ICD-10-CM:
<http://www.cdc.gov/nchs/about/otheract/icd9/abticd10.htm>
- ♦ To download ICD-10-PCS:
<http://www.cms.hhs.gov/paymentsysts/icd9/icd10.asp?>

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Audience Questions



Audio Seminar Discussion



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Visit our Web site <http://campus.AHIMA.org> for updated information on the 2004 seminar schedule. While online, you can also register for seminars or order CDs and archived Internet versions of past seminars.



Appendix

Continuing Education Credit and Compliance Sign-in Form
Seminar Evaluation
Certificate of Attendance

Continuing Education Credit and Compliance Sign-in Form

Diagnosis and Procedural Coding for Podiatry

March 18, 2004

Please duplicate this form so that everyone in attendance may sign-in. Those wishing to receive AHIMA continuing education credit must supply their AHIMA ID number. Those individuals will receive 2 continuing education (CE) clock hours. The CE certificate is located on the last page of *Practical Tools for Seminar Learning*. Please keep a copy of the CE certificate on file as proof of training.

Name:

Name:

Title:

Title:

Organization:

Organization:

Address:

Address:

City, State, Zip code:

City, State, Zip code:

AHIMA ID number:

AHIMA ID number:

E-Mail Address:

E-Mail Address:

Name:

Name:

Title:

Title:

Organization:

Organization:

Address:

Address:

City, State, Zip code:

City, State, Zip code:

AHIMA ID number:

AHIMA ID number:

E-Mail Address:

E-Mail Address:

Name:

Name:

Title:

Title:

Organization:

Organization:

Address:

Address:

City, State, Zip code:

City, State, Zip code:

AHIMA ID number:

AHIMA ID number:

E-Mail Address:

E-Mail Address:

Evaluation Form (Live Seminar Only)

Diagnosis and Procedural Coding for Podiatry

March 18, 2004

Your comments are very important to us! Please take a few moments after the program and evaluate the audio seminar. Use the following rating scale, by shading in the circles to indicate your level of agreement with each statement:

4 = Strongly agree 3 = Agree 2 = Disagree 1 = Strongly disagree

Promotion

How did you first learn about this program?

Brochure Fax Email Other
☐ ☐ ☐ ☐

Instructor

Susan Hull

Delivered an effective and well-organized presentation.

4 3 2 1

☐ ☐ ☐ ☐

Overall Program

The seminar was a good value, based on the total cost of participation.

☐ ☐ ☐ ☐

The seminar content was well organized.

☐ ☐ ☐ ☐

The seminar content will be useful in my work.

☐ ☐ ☐ ☐

The methods used to present the material held my attention.

☐ ☐ ☐ ☐

Practical Tools for Seminar Learning effectively supported the presentation.

☐ ☐ ☐ ☐

The length of the seminar was appropriate for the amount of material covered.

☐ ☐ ☐ ☐

Registration

I received quality service when registering for the seminar.

Yes No

☐ ☐

Technology

Seminar was easy to access

Yes No

☐ ☐

Number of people listening at your site:

Comments

How could the seminar content be improved?

Additional comments:

If you enjoyed this program and would be willing to provide a testimonial for future promotions, please complete the information below.

Name: _____ Title: _____ Organization: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Return To: Continuing Education & Training, AHIMA, 233 North Michigan Ave., Suite 2150, Chicago, IL 60601 - Fax 312/233-1090

Remit no later than: April 8, 2004

35984



Certificate of Attendance

Diagnosis and Procedural Coding for Podiatry

March 18, 2004

Name

AHIMA ID Number

A handwritten signature in black ink, which appears to read "Roberta Aiello". The signature is written in a cursive style and is positioned above a horizontal line.

Roberta Aiello

Project Manager

Continuing Education and Training

The American Health Information Management Association has approved this program for two (2) continuing education clock hours in this content area.

No record will be kept at AHIMA of your participation.